## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

24737

7590

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

01/13/2009

PHILIPS INTELLECTUAL PROPERTY & STANDARDS

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as address as an address, and on the ordered otherwise in Block 1, 19, 00 specifying a new correspondence address, and/or (b) indicating a repeate "FEE ADDRESS for in Block 1, 19 or specifying and correspondence address, and/or (b) indicating a repeate "FEE ADDRESS for indicating a repeate of the repe

P.O. BOX 3001 BRIARCLIFF M	1ANOR, NY 10510	)	addi tran	es Postal Service will ressed to the Mail : smitted to the USPT	Stop ISSUE FEE address O (571) 273-2885, on the d	above, or being facsimile ate indicated below.
						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/539,363 06/15/2005 Johan		nnes A. T. M. Van Den Ho	mberg	NL 021372	7349	
TITLE OF INVENTION	: DISC DRIVE APPAR	ATUS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/13/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	3		
ALUNKAL, THOMAS D		2627	369-116000			
1. Change of corresponde CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the patent front page, list			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02. or more recent) attached. Use of a Customer Number Is required.			(1) the aames of up to 3 registered patent attorneys c agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isted, no name with pertincts.			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Koninklijke Philips Electronics N.V. Eindhoven, The Netherlands						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 📮 Government						
4a. The following fee(s)  ☑ Issue Fee  ☑ Publication Fee (N  ☐ Advance Order -	o small entity discount		<ul> <li>Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>□ A check is enclosed.</li> <li>□ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required (fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1 4 − 1 2 / D. (enclose an extra copy of this form).</li> </ul>			
5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY stat		☐ b. Apolicant is no lon	ger claiming SMALI	ENTITY status. See 37 Cl	FR 1 27(a)(2)
NOTE: The Issue Fee an	d Publication Fee (if rea		d from anyone other than t		ered attorney or agent; or th	
interest as snown by the	records of the Clined Sta	ttes ratent and Trademark	. Onice.			
Authorized Signature	_/Michael_	E. Belk/		Date Mar	ch 18, 2009	
	Michael Michael				33,357	
This collection of inform an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 0 tiality is governed by 35 d application form to the ions for reducing this but firginia 22313-1450. DO 13-1450.	CFR 1.311. The information of U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the DNOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 m idual case. Any con er, U.S. Patent and T D THIS ADDRESS.	e public which is to file (and inutes to complete, includin ments on the amount of tir rademark Office, U.S. Dep- SEND TO: Commissioner	by the USPTO to process) g gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033